

2082 Business Center Drive, Suite 200 Irvine, Ca 92612 Tel. 949-474-6085 Fax. 949-474-7529

BANK RELEASE AUTHORIZATION (FOR CREDIT APPLICATION PROCESSING ONLY)

Dear Client,

We have found that most banks will not issue a credit rating without an authorized signature from a signer on the account. Please complete and fax this form as soon as possible to 949-474-7529

Thank you for your cooperation

VE Associates, Inc.

The following signature authorization allows information to be released to VE Associates, Inc for the sole purpose of obtaining credit: COMPANY NAME: _____ AUTHORIZED SIGNATURE: BANK NAME: BANK BRANCH: ____ BANK FAX NUMBER_()_____ ACCOUNT NUMBER: